



**FORM** 

DR-2

DISCLOSURE

**REPORT** 

DISCLOSURE SUMMARY PAGE

	- INDATED TO SUME		(Rev. 12/2005)
COMMITTEE NAME (Must be same a	as on Statement of Organization)		For Office use only
The Commonwealth PAC - 9705	2000 JUL 18 PM 2: 26		11 -12
IMPORTANT: Indicate by # type of co	ommittee you are reporting for: 2	_	
	ng for Retention Candidate (2) State PAC (3)		Logged In
(4) County Central Committee (5) Coun	nty Candidate (6) City Candidate (7) School Bo 8) County PAC (9) City PAC (10) School Boar	oard or d or Other	Scanned
Political Subdivision PAC (11) Local Ba		a or ourci	Computer
CANDIDATE COMMITTEES ONLY			Audited
Candidate Name	Political Party (if applicable)		F1 10
Carididate Name	r childer r and (in approximation)		File with: Iowa Ethics and Campaign
			Disclosure Board
Office Sought	District (if Senate or House)		510 E. 12th, Ste. 1A
			Des Monies, Iowa 50319 Fax: 515-281-3701
Late reports are subject to possible civil	and criminal penalties. Pursuant to Iowa Code	e section	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
68B.32(7) the candidate, for a candidate	e's committee, and the chairperson, for any oth	ner type of	
committee, is the individual responsible	for filing timely and accurate reports.		
X/1/			7/00/1-0
	<u>703 · 489 · 08 /</u> PORT TELEPHONE	<u>9</u>	7/17/2008
SIGNATURE OF PERSON FILING RE			DATE SIGNED
LAM FILING A 05/19/2008 7 19 RE	PORT FOR (1) ELECTION /(2) NON-ELECT	ON YEAR	
(report date)	(		
	Indicate b	у# _'_	
☐ CHECK IF AMENDMENT TO RE	PORT DATED	Local Comm	nittees, enter Date of Election
			06/03/2008
		0	and Committees anter County in
Check if this is final (termination) report a	and attach Notice of Dissolution Form DR-3	which Electi	ocal Committees, enter County in on is Held
(You must continue to fie reports un	ntil a Notice of Dissolution is filed.)		
	STATEMENT OF CASH ON H	AND	
CASH ON HAND at the beginning of	f the reporting period. (Total of all funds h		
	MUST be the same as the cash on hand at t		
end of the last reporting period	or must be zero if this is first report filed.)	\$_	435760.74
ADD TOTAL MONEY TAKEN IN			
Schedule A: Cash Contributions to	otal (Attach Schedule A) (*also see in-kind bel	ow)	664.61
Schedule F: Loans Received total			
	aign Property (Attach Schedule H)		0.00
(Schedule H applies to Car	ndidate's Committees Only)		400405.05
	SUE	B-TOTAL\$_	436425.35
SUBTRACT TOTAL MONEY SPE	ENT THIS PERIOD		
Schedule B: Expenditures total (A	ttach Schedule B) (**also see debts and loans		417.17
Schedule F: Loan Repayments to	tal (Attach Schedule F)	<del> </del>	0.00
	orting period (if final report, balance must be a		436008.18
(Attach DR-3)		<b>&gt;</b> =	400000.10
**UNPAID BILLS (From Schedule D - A	Attach Schedule D)	\$_	0.00
*IN KIND CONTRIBUTIONS (From Sch		\$_	0.00
**OUTSTANDING LOANS (From Sched	dule F - Attach Schedule F)	\$_	0.00
CONSULTANT BREAKDOWN (Sched		Yes	X No
CANDIDATE COMMITTEES ONLY			2.22
VALUE OF CAMPAIGN PROPERTY (F	From Schedule H - Attach Schedule H)	\$_	0.00
<b>STATE COMMITTEES:</b> Submit a re	econciled campaign account bank statement in	n January of e	eacn year.

## **EXPENDITURES - MONEY SPENT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
· —	CK THIS BOX IF

**CANDIDATE'S COMMITTEE NAME** (Must be same as on Statement of Organization)
The Commonwealth PAC - 9705

DATE EXPENDED	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE (DESCRIPE TRANSACTION)	AMOUNT RECEIVED
MM/DD/YR		EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	RECEIVED
05/15/2008	ID# EFT	America Bank of	Bank Fees	141.40
	C1/#	3 Center Plz		
	CK#	Boston, MA 02108-2000		
20/00/2000	in " EET	America Bank of	Park Food	37.45
06/02/2008	(D# ⊏F I	3 Center Plz	Bank Fees	37.45
	CK#			
		Boston, MA 02108-2000		
06/16/2008	ID# EFT	America Bank of	Bank Fees	142.32
	014	3 Center Plz		
	CK#	D-4 MA 00400 2000		
2017		Boston, MA 02108-2000 ENilsson, LLC	D	00.00
06/17/2008	ID#	6 Depot St	Pro-rated Website Services	96.00
	CK# 3044			
		Westford, MA 01886-2608		
			SUB-TOTAL	417.17
			TOTAL (if last page of this schedule)	417.17

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchase of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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For	Inetr	uctions	See	Rack	of Form	

## **CONTRIBUTIONS - MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
The Commonwealth PAC - 9705	

SCHEDULE <b>A</b>	MONETARY		
(Rev. 07/03)	RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF I.D. NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE REC'D (MM/DD/YR)	PAC I.D. NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
05/15/2008	ID#	America Bank of			[
		3 Center Plz		347.97	
	CK# EFT	Boston, MA 02108-2000			
07/01/2008	ID#	America Bank of			
		3 Center Piz		316.64	
	CK# EFT	Boston, MA 02108-2000			
1					

SUB-TOTAL 664.61

TOTAL (if last page of this schedule) 664.61

<sup>\*</sup>Disclosure law requires candidates to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

\*\*Page 1 of 1 (for Schedule A)